

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc		2/17/00
O.I.P.E. CLASSIFIER	AB	65373	4/10/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			6-2-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		28	01/02/00
2		29	01/02/00
3		30	01/02/00
4		31	01/02/00
5		32	01/02/00
6		33	01/02/00
7		34	01/02/00
8		35	01/02/00
9		36	01/02/00
10		37	01/02/00
11		38	01/02/00
12		39	01/02/00
13		40	01/02/00
14		41	01/02/00
15		42	01/02/00
16		43	01/02/00
17		44	01/02/00
18		45	01/02/00
19		46	01/02/00
20		47	01/02/00
21		48	01/02/00
22		49	01/02/00
23		50	01/02/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here